

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10/543141** FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1		1		1
3	2		1		1	
4	6		1		1	
5	2		1		1	
6	1		1		1	
7	8		1		1	
8	8		1		1	
9	1		1		1	
10	1		1		1	
11	2		1		1	
12	6		1		1	
13	2		1		1	
14	8		1		1	
15	8		1		1	
16			1		1	
17			1		1	
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45			1		1	
46			1		1	
47			1		1	
48			1		1	
49			1		1	
50			1		1	
TOTAL IND.	3	↓	3	↓	3	↓
TOTAL DEP.	14	←	22	←	22	←
TOTAL CLAIMS	17	██████████	25	██████████	21	██████████

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS		██████████		██████████		██████████